



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

LES BENSON MD
1220 GUNNISON
WACO TX 76712

Carrier's Austin Representative Box

Box Number 15

Respondent Name

DALLAS AREA RAPID TRANSIT

MFDR Date Received

December 30, 2010

MFDR Tracking Number

M4-11-1330-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I provided a designated doctor examination...on 7/30/10 I submitted a bill for this service 9/19/10 to the fax number on the DWC 32.. I did not receive an EOB or payment within forty-five days. I sent a request for reconsideration on 11/25/10 to the fax number on the DWC 32.. I did not receive an EOB or payment."

Amount in Dispute: \$500.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Carrier shows this payment was issued 10-04-2010. Check shows cashed 10-12-10. See attached documentation. Carrier respectfully requests this MDR be withdrawn and/or dismissed."

Response Submitted by: ESIS on behalf of DART, P. O. Box 31143, Tampa, FL 33631-3143

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 30, 2010	99456-W6-RE	\$500.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.305 sets forth general provisions regarding dispute of medical bills.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. Copies of the explanation of benefits were not submitted by either party for review.

Issues

1. Have the services in dispute been paid?
2. Does a dispute still exist?

Findings

1. The requestor billed the amount of \$500.00 for CPT code 99456-W6-RE regarding a Division ordered Return to Work (RTW) examination rendered on July 30, 2010. The respondent submitted a copy of their payment history summary which revealed proof that payment was made in the amount of \$500.00 (the disputed amount according to the requestors *Table of Disputed Services*) to Less Benson, MD on October 4, 2010. The respondent sent further proof that said check issued on October 4, 2010 was cashed and paid by the bank on October 10, 2010 for the disputed date of service of July 10, 2010.
2. The Division finds that a dispute no longer exists. No further action will be taken regarding this dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	July 20, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.